

MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/55396

ISSUE NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13			1,1			
14			1,1			
15			1,1			
16			1,1			
17			1,1			
18			1,1			
19			1,1			
20			1,1			
21			1,1			
22			1,1			
23			1,1			
24			1,1			
25			1,1			
26			1,1			
27			1,1			
28			1,1			
29			1,1			
30			1,1			
31			1,1			
32			1,1			
33			1,1			
34			1,1			
35			1,1			
36			1,1			
37			1,1			
38			1,1			
39			1,1			
40			1,1			
41			1,1			
42			1,1			
43			1,1			
44			1,1			
45			1,1			
46			1,1			
47			1,1			
48			1,1			
49			1,1			
50			1,1			
TOTAL IND.			2			
TOTAL DEP.			22			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY